

## 2008 Summer Residential Governor's School (SRGS) Visual and Performing Arts Application

Use this application to apply for these programs:

- ✓ Dance
- ✓ Instrumental Music
- ✓ Vocal Music
- ✓ Theatre
- ✓ Visual Art

### Information Page

For division information, please contact the gifted education coordinator whose contact information is available at the following Web site:

[www.doe.virginia.gov/VDOE/Instruction/Gifted/gectable.pdf](http://www.doe.virginia.gov/VDOE/Instruction/Gifted/gectable.pdf)

Students must key in the data on the first page of this application for clarity and accuracy.

A contact's name and information are required on page 1 to enable the Department or the director of the specific Governor's School to confirm or clarify information.

**2008 SUMMER RESIDENTIAL GOVERNOR'S SCHOOL (SRGS)  
FOR VISUAL AND PERFORMING ARTS APPLICATION**

APPLICANTS MUST KEY THIS PAGE FOR CLARITY AND ACCURACY.

☒ I attend

☐

Public School

☐

Private School

☐

Home School

**APPLICANT INFORMATION:** Provide **all** requested information.

Personal Information			
First Name		Date of Birth	
Middle Name		Nickname	
Last Name			
Home Address			
City		Virginia	ZIP
Home Telephone		Student's E-Mail	
High School Information			

**PROGRAM CHOICE:** Mark only **one** choice.

Mark	Program	Mark	Program
	Dance		Theatre
	Instrumental Music - <b>INDICATE INSTRUMENT</b>		Visual Art
	Vocal Music - <b>INDICATE VOICE</b>		

**HIGH SCHOOL INFORMATION:** Complete **all** requested information.

High School		HS Contact Name and E-Mail	
School Address			
City/State/ZIP			
Telephone		Fax Number	
Public School Students Only			
Division Name		School Division DOE Code	

**STUDENT STATEMENT**

If selected, I will abide by the rules and expectations explained in the program descriptions and all other expectations provided by the program director. The responses contained in this application are my own work and are truthfully offered.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICIAL USE ONLY BY GIFTED EDUCATION COORDINATORS: Indicate student's score and rank.**

Score \_\_\_\_\_

Rank \_\_\_\_\_

Applicant's Full Name	
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**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.**

**Training**

Beginning with the most recent, list training you have received **during the past three years in your art discipline**. Include the type of study, the name of the teacher or the school, or the name of the company. If you need more space, attach a second sheet.

Type of Study	Time Involved	Year
<i>Example: Ballet/Virginia Dance School</i>	<i>2 hours per week; 16 weeks</i>	<i>2007</i>
1.		
2.		
3.		

**Experience**

Beginning with the most recent, list all of your performances or exhibitions **during the past three years in your art discipline**. Include the performance or exhibition and year; name of group, exhibition, contest, teacher, choreographer; and your role/part. If you need more space, attach a second sheet.

Study/Brief Description	Teacher	Role/Part
<i>Example: HS Student Juried Exhibit/2006</i>	<i>John Logan</i>	<i>Featured Artist</i>
1.		
2.		
3.		

**Honors/Recognitions**

In this section, please list the three most significant honors/recognitions **during the past three years that you have received in your art discipline**. Be specific as to organization name, award, and level of competition. If you need more space, attach a second sheet.

Honor/Recognition	Level of Competition – Regional, State, National, International	Year
<i>Example: Excellence in Theatre Award, Sample County Arts Council</i>	<i>Local</i>	<i>2007</i>
1.		
2.		
3.		

Applicant's Full Name	
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**ALL APPLICANTS AND PARENT/GUARDIAN MUST COMPLETE INFORMATION ON THIS PAGE.**

**APPLICANT AND PARENT/GUARDIAN ASSURANCES**

I, the parent/guardian of \_\_\_\_\_, permit son/daughter, if selected, to participate in the 2008 Summer Residential Governor's School. I realize that transportation to and from the Governor's School and spending money for personal expenses must be provided by the participants. I understand that if selected for the program, he/she must abide by the rules and expectations set forth for the school. I further agree that I have been duly informed that LEAVES OF ABSENCE from these programs are allowed only for SEVERE CASES OF MEDICAL AND/OR FAMILY EMERGENCIES. Medical and family emergencies include major illness, hospitalization, or death of an immediate family member or guardian. I also understand that failure to participate in the programs, or unwillingness to abide by the expectations, may be just cause for immediate dismissal.

**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

Both student and parent/guardian must initial after having read the following assurances. These constitute the expectations that will be held for students who accept invitations to the Summer Residential Governor's School program.

Student Initials	Parent or Guardian Initials	
		I understand that leaves of absence are granted ONLY in the case of medical or family emergencies as described above. Participants are expected to arrive at the site by the opening ceremony, indicated in the <i>2008 Student and Parent Guide for VPA Governor's School</i> , and remain at the site through the closing ceremony.
		I understand that the program requires concerted academic focus, preparation, and motivation from all participants and that participants are expected to demonstrate the emotional maturity and self-discipline to participate in the activities and to demonstrate respect for self, others, program, and school.
		I understand that participants will be expected to follow the rules and expectations, outlined in the <i>2008 Student and Parent Guide for VPA Governor's School</i> , and any other instructions provided by the program director. These rules and expectations have been thoroughly read and are understood.
		I understand that each nominee and division gifted education coordinator/private school regional coordinator will be mailed acceptance and alternate information mid-April 2008, and that no information will be available before that date.
		I understand that possession of tobacco, alcohol, or non-prescription drugs will result in invitee's immediate dismissal from the program and that participants are also subject to any law enforcement and/or disciplinary action that the sponsoring school division or private school chooses to invoke. Certain infractions may also result in legal consequences as outlined in the <i>Code of Virginia</i> .
		I understand that previous participants of any Summer Residential Governor's School program (including Governor's Foreign Language Academies) shall not apply for or participate in the Summer Residential Governor's School program; and I am not applying for a 2008 Governor's Foreign Language Academy.
		I certify that I am a resident of the Commonwealth of Virginia and eligible for a free, public education in the Commonwealth or for another Summer Residential Governor's School.
		I understand failure to provide complete and accurate medical and prescription information may result in immediate dismissal from the program.
		I certify that these are my truthful responses to these assurances.

Applicant's Full Name	
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**ALL APPLICANTS MUST COMPLETE INFORMATION ON THIS PAGE.**

**Statement of Interest (Scored Item)**

The VPA program is NOT a conservatory. Students will spend three hours each morning in their art disciplines. Afternoon classes are shared with Summer Residential Governor's School for Humanities students in interdisciplinary studies. In a brief statement (1-2 paragraphs) indicate how your artistic endeavors will be broadened or changed as a result of participating in the Summer Residential Governor's School for Humanities and Visual and Performing Arts. Indicate any special interests or talents that you would like to strengthen or area of your art discipline that you would like to explore as part of this program. Your response should be entered onto this page. Please sign your name where indicated below.

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SIGNATURE OF STUDENT

DATE

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE APPROPRIATE CONTENT AREA TEACHER.****TEACHER RECOMMENDATION A**

This recommendation must be made by a person in the student's area of artistic interest who can assess his/her current abilities, preferably a teacher who has taught the student in a course closely related to the selected program. There are two required parts to the recommendation: a rating scale and a narrative.

**RATING SCALE TEACHER A**

1. What course or program of studies has the student taken under your supervision? In what year(s)?

2. Please estimate the extent to which the student has demonstrated in your class(es) the qualities listed below. Use the scale from 0-2 as indicated. Be sure to respond to all qualities; items omitted are included as a zero when computing a score. Please use only whole number values.

0=Good (Above Average)

1=Excellent (Top 10 Percent)

2=Outstanding (Top 2-3 Percent)

SCORE

- |  |  |
|--|--|
| 1. Originality: Develops new arts concepts and ideas                       |  |
| 2. Fluency: Generates numerous solutions                                   |  |
| 3. Flexibility: Thinks about ideas in new ways                             |  |
| 4. Elaboration: Expands or enhances artistic ideas                         |  |
| 5. Initiative: Explores new methods/theories in art form                   |  |
| 6. Commitment: Demonstrates substantial interest in art form               |  |
| 7. Involvement: Practices high levels of activity in art form              |  |
| 8. Ability: Demonstrates expertise in art form                             |  |
| 9. Willingness to accept ideas of others and contribute to a group process |  |
| 10. Emotional stability, maturity, and self-discipline                     |  |
| 11. Openness to new experiences  |  |
| 12. Cooperative behavior   |  |
| 13. Respect and tolerance for the views of others                          |  |

Subtotal A (out of 26)

**NARRATIVE TEACHER A**

Teachers, please complete the narrative portion of the recommendation using specific examples from your work with this student to indicate how the student demonstrates these qualities: ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for artistic growth; creativity; and intellectual and social maturity. Please print your narrative on school, personal, or professional letterhead. Sign and date both the printed rating scale and narrative and return them to the guidance office or as otherwise directed.

SIGNATURE OF TEACHER

PRINTED NAME

DATE

E-MAIL ADDRESS

PHONE #

**INFORMATION ON THIS PAGE MUST BE COMPLETED BY THE APPROPRIATE CONTENT AREA TEACHER.****TEACHER RECOMMENDATION B**

This recommendation may be made by any adult in the student's area of artistic interest who can assess his/her current abilities, preferably a teacher who has taught the student in a course closely related to the selected program. There are two required parts to the recommendation: a rating scale and a narrative.

**RATING SCALE TEACHER B**

1. What course or program of studies has the student taken under your supervision? In what year(s)?

2. Please estimate the extent to which the student has demonstrated in your class(es) the qualities listed below. Use the scale from 0-2 as indicated. Be sure to respond to all qualities; items omitted are included as a zero when computing a score. Please use only whole number values.

0=Good (Above Average)

1=Excellent (Top 10 Percent)

2=Outstanding (Top 2-3 Percent)

SCORE

- |  |  |
|--|--|
| 1. Originality: Develops new arts concepts and ideas                       |  |
| 2. Fluency: Generates numerous solutions                                   |  |
| 3. Flexibility: Thinks about ideas in new ways                             |  |
| 4. Elaboration: Expands or enhances artistic ideas                         |  |
| 5. Initiative: Explores new methods/theories in art form                   |  |
| 6. Commitment: Demonstrates substantial interest in art form               |  |
| 7. Involvement: Practices high levels of activity in art form              |  |
| 8. Ability: Demonstrates expertise in art form                             |  |
| 9. Willingness to accept ideas of others and contribute to a group process |  |
| 10. Emotional stability, maturity, and self-discipline                     |  |
| 11. Openness to new experiences  |  |
| 12. Cooperative behavior   |  |
| 13. Respect and tolerance for the views of others                          |  |

Subtotal A (out of 26)

**NARRATIVE TEACHER B**

Teachers, please complete the narrative portion of the recommendation using specific examples from your work with this student to indicate how the student demonstrates these qualities: ability to work cooperatively and meaningfully in groups; openness to new and diverse situations; goals for artistic growth; creativity; and intellectual and social maturity. Please print your narrative on school, personal, or professional letterhead. Sign and date both the printed rating scale and narrative and return them to the guidance office or as otherwise directed.

SIGNATURE OF TEACHER

PRINTED NAME

DATE

E-MAIL ADDRESS

PHONE #

Applicant's Full Name	
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**INFORMATION ON THIS PAGE MUST BE COMPLETED BY APPROPRIATE SCHOOL AND DIVISION PERSONNEL**

***Confidential Information***

**PRINCIPAL/HEAD OF SCHOOL RECOMMENDATION**

I hereby certify that this student is qualified and genuinely interested in attending the Summer Residential Governor's School. I recommend this applicant.

\_\_\_\_\_  
Signature of Principal/Head of School

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Public School DOE Code

**GIFTED EDUCATION COORDINATOR/REGIONAL COORDINATOR RECOMMENDATION**

I hereby certify that this student is qualified and genuinely interested in attending the Summer Residential Governor's School. I further certify that the nominee's attendance and discipline records have been reviewed and that information has been taken into appropriate consideration. I thereby recommend this student for consideration.

\_\_\_\_\_  
Signature of Gifted Education or Regional Coordinator

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School Division

\_\_\_\_\_  
Private School Region

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone

**Division/Regional Selection Committee**

**Date of Meeting:**

Name

Position

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____



Applicant's Full Name

Art Discipline: ☐ Dance ☐ Instrumental Music ☐ Vocal Music ☐ Theatre ☐ Visual Art  
Instrument: Part:

I. STATEWIDE ADJUDICATION

TOTAL I: (\_\_\_\_ Adjudicator A) + (\_\_\_\_ Adjudicator B) =  (72 max)

II. CAREER HIGHLIGHTS: TRAINING, EXPERIENCE, & HONORS/RECOGNITIONS

1 or 2 points possible per training; no more than 3 may be counted. \_\_\_\_\_ (06 max)

1 or 2 points possible per experience; honor/recognition; no more than 3 may be counted \_\_\_\_\_ (03 max)

TOTAL II: (\_\_\_\_ Training) + (\_\_\_\_ Experience + Honors) =  (9 max)

III. TEACHER RECOMMENDATIONS

Rating Scale:

Teacher A \_\_\_\_\_ (26 max) + Teacher B \_\_\_\_\_ (26 max) = \_\_\_\_\_ divided by 2 = \_\_\_\_\_ (26 max)

Narrative Evaluation:

Teacher A \_\_\_\_\_ (06 max) + Teacher B \_\_\_\_\_ (06 max.) = \_\_\_\_\_ (12 max)

TOTAL III: [(\_\_\_\_ Rating Scale) + (\_\_\_\_ Narrative Evaluation)] divided by 2 =  (19 max)

IV. STATEMENT OF INTEREST

(5 max)

GRAND TOTAL: (Add Totals of Parts I + II + III + IV) =  (105 max)

Round to the nearest tenth; ex. 92.27 → 92.3